PTO/SB/22 (08-03)

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respond to a collection of information unlock it displays a unlid OMP control number

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)	Docket Number (Optional) RCA 90,149					
In re Application of John William Richardson et al.						
Application Number 10/089,714	Filed April 2, 2002					
AUG 1 6 2006 W For MESSAGING SERVICES FOR A DIGITAL SUBSCRIBER LOC						
Art Unit 2616 Examiner Saba	Tsegaye					
The desired application. One of the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.						
The requested extension and appropriate non-small-entity fee are as follows (che	eck time period desired):					
	\$ <u>120.00</u>					
☐ Two months (37 CFR 1.17(a)(2))	\$					
☐ Three months (37 CFR 1.17(a)(3))	\$ <u></u>					
☐ Four months (37 CFR 1.17(a)(4))	\$					
☐ Five months (37 CFR 1.17(a)(5))	\$					
 Applicant claims small entity status. See 37 CFR 1.27. Therefore, the above is reduced by one-half, and the resulting fee is: \$ A check in the amount of the fee is enclosed. 	e fee amount shown					
Payment by credit card. Form PTO-2038 is attached.						
☐ The Director has already been authorized to charge fees in this applic	cation to a Deposit Account.					
assignee of record of the entire interest. See 37 CFR 3.71	ı					
Statement under 37 CFR 3.73(b) is enclosed. (Form P	TO/SB/96).					
attorney or agent of record. Registration Number						
□ attorney or agent under 37 CFR 1.34(a).	÷					
Registration number if acting under 37 CFR 1.34(a). $39,731$.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
August 14, 2006	/ 					
Date						
(609) 734-6816 JOSEPH J. KOLODKA						
Telephone Number Typed or printed name						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are equired. Submit multiple forms if more than one signature is required, see below.						
▼ Total of 1 forms are submitted. This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a 1.136(a).	benefit by the public which is to file (and by the					

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

EE TRANSMITI

pes pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Complete if Known			
FEE TRANSMITTAL	Application Number	10/089,714		
FEE INANSIVIIIIAL	Filing Date	April 2, 2002		
for FY 2006	First Named Inventor	John William Richardson		
•	Examiner Name	Saba Tsegaye		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	2616		
JOTAL AMOUNT OF PAYMENT (\$) 120.00	Attornov Dooleet No.	RCA 90.149		

Check Credit card Money Order None Other (please identify):	TOTAL AMOUNT O	F PAYMENT	(\$) 120,	00	Attorney Docket No.	RCA 90,1	49	
Deposit Account: Deposit Account Number OT-0832 Deposit Account Name: THOMSON LICENSING INC. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Scharge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge f	METHOD OF PAYMENT (check all that apply) CUSTOMER NUMBER: 24498							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	Check Cr	edit card	Money Or	der	None	Other (ple	ase identify):	
The contraction of the contrac	Deposit Account: Deposit Account Number O7-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
FILING FEES Small Entity Small Entity Small Entity Small Entity Small Entity	FEE CALCULATION	(All the fees	below are due	upon filing or	may be subject to	a surcharge.)		
Utility 300 150 500 250 200 100 Design 200 100 100 300 150 50 30 65 Plant 200 100 300 150 50 80 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims - 20 or HP =	1. BASIC FILING, SE	FILING F	EES			EXAMINA		ntity
Design 200 100 100 50 130 65	Application Type	Fee (\$)	<u>Fee (\$)</u>	<u>Fee (\$)</u>	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Plant	Utility	300	150	500	250	200	100	
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims - 20 or HP =	Design	200	100	100	50	130	65	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claims over 3 (including Reissues) Each independent claims over 3 (including Reissues) Extra Claims Fee (\$) Fee Paid (\$) Total Claims Extra Claims Fee (\$) Fee Paid (\$) Independent Claims Extra Claims Fee (\$) Fee Paid (\$) Independent Claims Extra Claims Fee (\$) Fee Paid (\$) Independent Claims Inde	Reissue	300	150	500	250	600	300	
Fee Description Fee (\$) Fee (\$) Fee (\$)	Provisional	200	100	0	0	0	0	
- 20 or HP =	Fee Description Each claim over 20 (inclu Each independent claim Multiple dependent claim	iding Reissues) over 3 (including s		Fee (\$)	Fee Paid (\$)	20 36	e (\$) 50 00 60	Fee (\$) 25 100 180
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): PETITION FOR 1 MONTH EXTENSION \$120.00								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge): PETITION FOR 1 MONTH EXTENSION \$120.00	- 3 0	r HP =	x	=	Fee Paid (\$)			
- 100 =	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): PETITION FOR 1 MONTH EXTENSION \$120.00		Extra She					Fee (\$)	<u>Fee Paid (\$)</u>
SUBMITTED BY	Non-English Specifica Other (e.g., late filing				:NSION \$120.00			

SUBMITTED BY					
Name (Print/Type)	JOSEPH J. KOLODKA	Registration No. (Attorney/Agent)	39,731	Telephone	(609) 734-6816
Signature	they !		0 -		August 14, 2006

quired to obtain or calain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality also 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO, if of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief nerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, 1450. It you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.